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The Comorbidity of Depression and Diabetes Mellitus Type 2: an Observational Study

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Introduction: Comorbidity between depression and diabetes is a particularly common condition as underdiagnosed. Individuals with diabetes have about a 2-fold increased risk for major depression, affecting one of every 10 diabetic patients. Biological and psychosocial variables represent risk factors. Comorbidity with depressive disorders led to a worsening of diabetic symptoms, greater functional impairment and worse quality of life.

Objectives: To evaluate the relationship between depression and HbA1c levels, biological and socio-demographic factors, quality of life and diabetes distress.

Aims: To demonstrate how depression in diabetic patients results in a worsening of clinical, treatment and social outcome.

Methods: 72 patients with diabetes were recruited and matched into two groups (depressed, non-depressed). Socio-demographic data and HbA1c levels were collected. Diabetics patients were tested using Hamilton Depression Scale, Quality of Life Index and Diabetes Distress Scale (DDS).

Results: Depressed diabetic patients had about a 4-fold increased risk for higher HbA1c levels (≥ 8%) (OD= 4.375). Depression was more prevalent in women than men (p < 0.05) and in retired (p < 0.05). Lower education level was significantly correlated with depression in comorbidity with diabetes (p < 0.05). Quality of life in depressive diabetic patients was poorer than patients without depression (p < 0.01). Depressed group showed higher levels in DDS particularly in Emotional Burden (p < 0.01), Regimen Distress (p < 0.01) and Interpersonal Distress (p < 0.05).

Conclusions: Depression in diabetic patients is significantly related to biological and socio-demographic factors and worse quality of life. Depressed demonstrates higher distress due to diabetes.